

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 MAR -7 PM 5:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N18616

**1. Corporation Name**

MIAMI Haitian Wesleyan  
church, Inc.

**2. Principal Office Address**

16500 NW 2nd ave

Suite, Apt. #, etc.

16600

City & State

Miami, FL

Zip

33169

Country

USA

**3. Mailing Office Address**

15885 NE 2nd ave

Suite, Apt. #, etc.

House

City & State

Miami, FL

Zip

33162

Country

USA

**REINSTATEMENT**

CR2E081 (8/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01-05-1987

**5. FEI Number**

FEI # 65-2221261

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

St. Hilaire, Planel

Street Address (P.O. Box Number is Not Acceptable)

15885 NE 2nd ave

Suite, Apt. #, Etc.

House

City

Miami

State

FL

Zip Code

33162

200067188548

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**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

[Signature]

Date

1-27-06

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	St. Hilaire, Planel	15885 NE 2nd ave	Miami, FL 33162
VD	SAINTIL ALTAGRACIA	4101 SW 137 AVE	MIRAMON, FL 133027
S	PRINCEVILLE MYRIAM	1045 NE 145 st	Miami, FL 33161
T	JONAS MONDESTIN	18920 NW 19 ave	Miami, FL 33056
T	MISROSE ARISTIDE	1025 NE 135 st	Miami, FL 33161
T	DESROUVILLE DANIEL	1115 NE 155 st	Miami, FL 33162

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-30-06

Daytime Phone #